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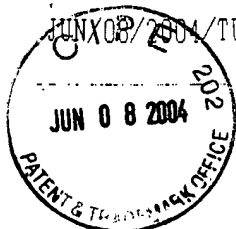
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FAX No. 5032962172

P. 011

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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration  
Submitted  
With Initial  
Filing

OR

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.18 (e))  
required)

Attorney Docket Number AGM1-2.008.US

First Named Inventor Kheid Raja

COMPLETE IF KNOWN

Application Number 10/892,863

Filing Date October 22, 2003

Art Unit 5763

Examiner Name Unknown

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FLUID DELIVERY SYSTEM FOR USE WITH A SURGICAL PUMPING UNIT

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

10/22/2003

as United States Application Number or PCT International

Application Number

10/892,863

and was amended on (MM/DD/YYYY)

10/22/2003

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
PCT/US02/15729	PCT	05/16/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

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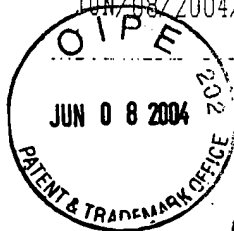
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## DECLARATION — Utility or Design Patent Application

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Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Khalid

Family Name

or Surname Raja

Inventor's  
Signature

Date

03-25-04

Residence: City

GRAFTON

State

MA

Country

USA

Citizenship

US

Mailing Address

3 COLD SPRING DRIVE

City

GRAFTON

State

MA

ZIP

01519

Country

USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Frank

Family Name

or Surname D'Amelio

Inventor's  
Signature

Date

Residence: City

Los Olivos

State

CA

Country

USA

Citizenship

USA

Mailing Address

6445 Calle Real

City

Santa Barbara

State

CA

ZIP

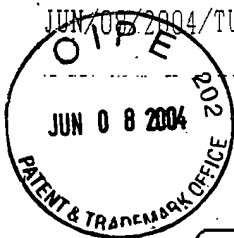
93117

Country

USA

☐ Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <b>022874</b> OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Khalid</b>		Family Name or Surname <b>Raja</b>	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Frank</b>		Family Name or Surname <b>D'Amelio</b>	
Inventor's Signature		Date	
Residence: City <b>Los Olivos</b>	State <b>CA</b>	Country <b>USA</b>	Citizenship <b>USA</b>
Mailing Address <b>6445 Calle Real</b>			
City <b>Santa Barbara</b>	State <b>CA</b>	ZIP <b>93117</b>	Country <b>USA</b>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

[Page 2 of 2]

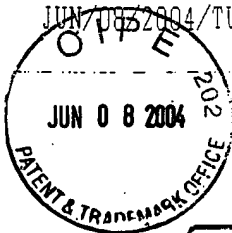
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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

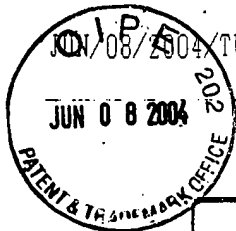
Page 2 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Dennis		Caudle	
Inventor's Signature <i>Dennis E. Caudle</i>		Date 16 MARCH 2004	
Residence: City	State	Country	Citizenship
SOLVANG	CALIF.	USA	USA
Mailing Address			
312 FREYA DR.			
Mailing Address			
City	State	Zip	Country
SOLVANG	CALIF.	93463	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Roger		Reetzman	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Kevin		Wood	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 118 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet.
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Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Darius		Caudie	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Roger		Raetzman	
Inventor's Signature <i>Roger Raetzman</i>		Date 3-16-04	
Residence: City KENOSHA	State WI	Country USA	Citizenship USA ✓
Mailing Address 408 87 <sup>th</sup> STREET			
Mailing Address			
City KENOSHA	State WI	Zip 53142	Country USA
Name of Additional Joint Inventor, if any:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Kevin		Wood	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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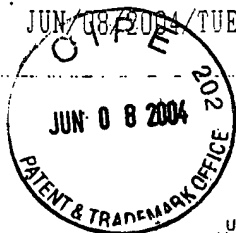
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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Page 1 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Marvin		Parrell	
Inventor's Signature		Date 3-17-04	
Residence: City	Racine	State	WI
Country	USA	Citizenship	USA
Mailing Address			
1315 Kingston Ave			
Mailing Address			
City	Racine	State	WI
Zip	53402	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
Zip		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
Zip		Country	

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**DECLARATION FOR UTILITY OR  
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PATENT APPLICATION  
(37 CFR 1.63)**☐ Declaration  
Submitted  
With Initial  
Filing

OR

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.18 (e))  
required)

Attorney Docket Number ACMI-2,098, US

First Named Inventor Khaila Raja

COMPLETE IF KNOWN

Application Number 10/692,363

Filing Date October 22, 2003

Art Unit 3783

Examiner Name Unknown

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**FLUID DELIVERY SYSTEM FOR USE WITH A SURGICAL PUMPING UNIT**

(Title of the invention)

the specification of which

☐ Is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 10/22/2003 as United States Application Number or PCT International

Application Number 10/692,363 and was amended on (MM/DD/YYYY) 10/22/2003 (if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
PCT/US02/15729	PCT	05/16/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

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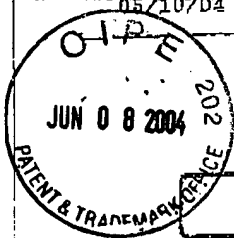
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4-006



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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

Page 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Dante		Caudle	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Roger		Neftzman	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Kevin		Wadd	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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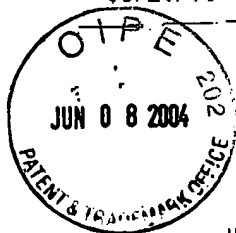
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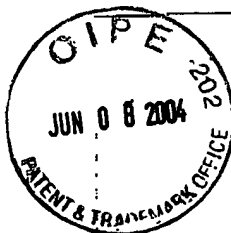
DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
		Page 4 of 4	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Street		Patent	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Street		Patent	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Street		Patent	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a patent by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)		Attorney Docket Number	ACM-2009.US
		First Named Inventor	Khalid Raja
		COMPLETE IF KNOWN	
		Application Number	10/892,383
<input type="checkbox"/> Declaration Submitted With Initial Filing		Filing Date	October 22, 2003
OR		Art Unit	8763
<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (a)) required)		Examiner Name	Unknown

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FLUID DELIVERY SYSTEM FOR USE WITH A SURGICAL PUMPING UNIT

(Title of the invention)

The specification of which:

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

10/22/2003

as United States Application Number or PCT International

Application Number 10/892,383

and was amended on (MM/DD/YYYY)

10/22/2003

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.86, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(h) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
PC10082215729	PCT	05/15/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

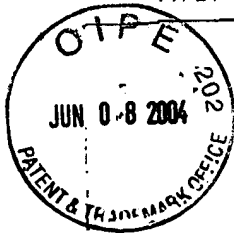
(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to me (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FREE OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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010



PTD/SB/02A (08-09)

Approved for use through 06/01/2004. OM5 0651-0022

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it contains a valid OMB control number.

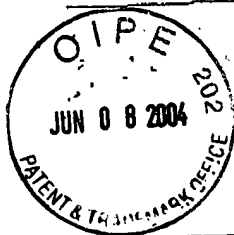
DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
		Page 3 of 4	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Date of Birth		Gender	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Date of Birth		Gender	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Date of Birth		Gender	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a patent by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-768-9199) and select option 2.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Approved for use through 08/31/2003, OMB 5951-0052  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet	Page 4 of 6
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.52. The information is required to obtain or retain a patent by the public which is to be used by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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JUN/08/2004/TUE 02:15 PM GANZ LAW

FAX No. 5032962172

P. 017

0002



## STATEMENT OF FACTS OF KIMBERLY A. JARMAN

This Statement of Facts is being submitted in connection with U.S. Patent Application Serial No. 10/692,363, filed October 22, 2003, entitled FLUID DELIVERY SYSTEM FOR USE WITH A SURGICAL PUMPING UNIT.

I, KIMBERLY A. JARMAN, state the following:

1. I am Associate Corporate Counsel at ACMI Corporation (ACMI), and have held this position for about 3 years. ACMI owns the intellectual property rights of the above-identified matter.
2. Mr. Kevin Wood, a named inventor in the above-identified patent application, was employed by ACMI but is no longer an ACMI employee.
3. During the period of his employment, Mr. Wood contributed to certain inventive concepts described and claimed in the above-identified patent application and in a corresponding PCT application.
4. On May 16, 2001, U.S. Provisional Application No. 60/291,583, directed to the subject matter of the above-identified patent application, was filed.
5. On May 16, 2002, International Patent Application No. PCT/US02/15729 was filed claiming priority from U.S. Provisional Application No. 60/291,583.
6. On August 2, 2002, Mr. Wood signed a Power of Attorney for International Patent Application No. PCT/US02/15729, appointing Ganz Law, P.C. as representative.

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FAX No. 5032962172

P. 018

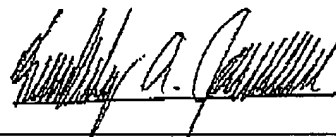
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003



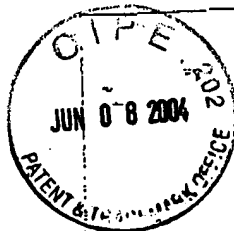
7. On March 11, 2004, I sent a letter to Mr. Wood at his last known address forwarding a copy of a Declaration for the above-identified patent application for his signature. (copy attached)
8. Mr. Wood did not respond to my March 11, 2004, letter.
9. On April 6, 2004, I sent a reminder letter to Mr. Wood again requesting his signature on the previously forwarded Declaration. (copy attached)
10. Mr. Wood did not respond to my April 6, 2004, letter.
11. On April 11, 2004, I sent a second reminder letter to Mr. Wood again requesting his signature on the previously forwarded Declaration. (copy attached)
12. To this date Mr. Wood has not responded to any of my letters referred to above.
13. The facts set forth in this Statement of Facts are true, all statements made of my own knowledge are true, and all statements made on information and belief are believed to be true.
14. I understand that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the above-identified patent application.

Date: 5/17/04

  
\_\_\_\_\_  
Kimberly A. Jarman  
Associate Corporate Counsel

05/10/04 13:09 FAX 508 804 2624

014



**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION**  
(37 CFR 1.53)

☐ Declaration  
Submitted  
With Initial  
Filing

OR

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.18 (e))  
required)

PTO/SB/D1 (08-03)  
Approved for use through 07/31/2008. OMB 0591-0082  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
which a patent is sought on the invention entitled:

Attorney Docket Number ACMI-2,008.US

First Named Inventor Khelid Raja

COMPLETE IF KNOWN

Application Number 10/592,383

Filing Date October 22, 2003

Art Unit 3783

Examiner Name Unknown

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**FLUID DELIVERY SYSTEM FOR USE WITH A SURGICAL PUMPING UNIT**

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

10/22/2003

as United States Application Number or PCT International

Application Number 10/592,383

and was attended on (MM/DD/YYYY)

10/22/2003

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, (including for continuation-in-part applications; material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application).

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Continued Copy Attached?
PCT/US02/15729	PCT	05/10/2002	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

(Page 1 of 2)

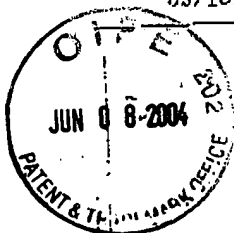
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.53. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Consideration is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/02A (03-03)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
		Page 2 of 4	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Perma		Cajida	
Inventor's Signature		Date	
Residence, City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Roper		Raczman	
Inventor's Signature		Date	
Residence, City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Keyin		Wood	
Inventor's Signature		Date	
Residence, City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.53. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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PTO/58/02A (08-03)  
Approved for use through 06/01/2009, OMB 0661-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet	Page 1 of 1
--------------------	---	-------------

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

The collection of information is required by 35 U.S.C. 118 and 37 CFR 1.63. The information is required to obtain or retain a patent by this public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22315-1450, DO NOT SEND PEEB OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22315-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-768-6199) and select option 2.

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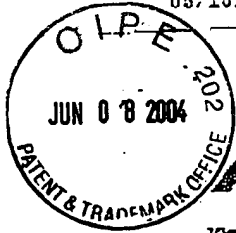
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FAX No. 5032962172

P. 019

05/10/04 13:06 FAX 508-804-2624

1003



**ACMI**

Kimberly A. Jarman  
Associate Corporate Counsel

March 11, 2004

Kevin Wood  
424 South A Street  
Lompoc, CA 93436

Re: PCT Application for  
**FLUID DELIVERY SYSTEM FOR USE WITH A SURGICAL PUMPING UNIT**

Dear Kevin;

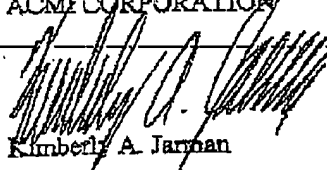
Enclosed please find a Declaration that must be completed and signed by each inventor as part of ACMI's application for the Fluid Delivery System for Use with a Surgical Pumping Unit.

Would you please sign, date and complete the appropriate address and citizenship boxes and mail the original to me, as soon as possible? I have enclosed a prepaid Fedex package for your convenience.

Thank you in advance for your cooperation.

Very truly yours,

ACMI CORPORATION

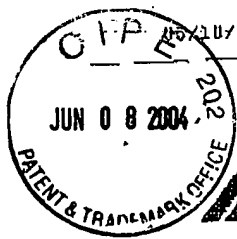
  
Kimberly A. Jarman

ACMI CORPORATION • Southborough Place • 136 Turnpike Road • Southborough, MA 01772 • USA • 508.804.2644  
Fax: 508.804.2624 • Email: kjarman@acmicorp.com

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FAX No. 5032962172

P. 023



JUN/08/2004 13:07 FAX 508-804-2624

007

**ACMI**Kimberly A. Jarman  
Associate Corporate Counsel

April 6, 2004

Kevin Wood  
424 South A Street  
Lompoc, CA 93436Re: U.S. National Phase of PCT Application for  
FLUID DELIVERY SYSTEM FOR USE WITH A SURGICAL PUMPING UNIT

Dear Kevin:

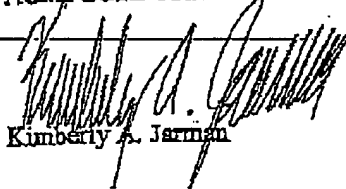
I am following up on my letter to you dated March 11, 2004 and enclosures (copy attached).

We would very much appreciate your returning the completed and signed Declaration to me as soon as possible; our deadline for submission is approaching.

If you have any questions or concerns regarding this request, please do not hesitate to contact me.  
Thank you.

Very truly yours,

ACMI CORPORATION

  
Kimberly A. JarmanACMI CORPORATION • Southborough Place • 136 Temple Road • Southborough, MA 01772 • USA • 508.804.2644  
Fax: 508.804.2624 • Email: kjarman@acmicorp.com

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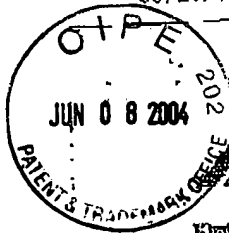
FAX No. 5032962172

P. 024

05/10/04 13:07 FAX-508.804.2624.

10003

10003 3/11/04



**ACMI**

Kimberly A. Jarman  
Associate Corporate Counsel

March 11, 2004

Kevin Wood  
424 South A Street  
Lompoc, CA 93436

Re: PCT Application for  
FLUID DELIVERY SYSTEM FOR USE WITH A SURGICAL PUMPING UNIT

Dear Kevin;

Enclosed please find a Declaration that must be completed and signed by each inventor as part of ACMI's application for the Fluid Delivery System for Use with a Surgical Pumping Unit.

Would you please sign, date and complete the appropriate address and citizenship boxes and mail the original to me, as soon as possible? I have enclosed a prepaid Fedex package for your convenience.

Thank you in advance for your cooperation.

Very truly yours,

ACMI CORPORATION

Kimberly A. Jarman

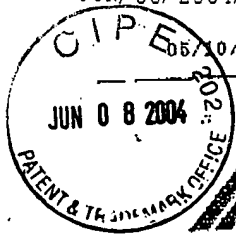
ACMI CORPORATION • Southborough Place • 136 Temple Road • Southborough, MA 01772 • USA • 508.804.2644  
Fax: 508.804.2624 • Email: kjarman@acmicorp.com

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FAX No. 5032962172

P. 028



**ACMI**

Kimberly A. Jarman  
Associate Corporate Counsel

Via Fedex

April 21, 2004

Kevin Wood  
424 South A Street  
Lompoc, CA 93436

Re: U.S. National Phase of PCT Application for  
FLUID DELIVERY SYSTEM FOR USE WITH A SURGICAL PUMPING UNIT

Dear Kevin;

I am following up on my letters to you dated March 11, 2004 and April 6, 2004, and enclosures (copy attached).

Please advise as to whether you have any concerns about signing the Declaration. Thank you.

Very truly yours,

ACMI CORPORATION

Kimberly A. Jarman

ACMI CORPORATION • Southborough Place • 139 Timpke Road • Southborough, MA 01772 • USA • 508.804.2844  
Fax: 508.804.2824 • Email: kjarman@acmicorp.com

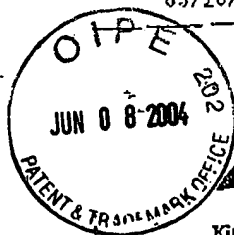
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**ACMI**

Kimberly A. Jarman  
Associate Corporate Counsel

April 6, 2004

Kevin Wood  
424 South A Street  
Lompoc, CA 93436

Re: U.S. National Phase of PCT Application for  
FLUID DELIVERY SYSTEM FOR USE WITH A SURGICAL PUMPING UNIT

Dear Kevin;

I am following up on my letter to you dated March 11, 2004 and enclosures (copy attached).

We would very much appreciate your returning the completed and signed Declaration to me as soon as possible; our deadline for submission is approaching.

If you have any questions or concerns regarding this request, please do not hesitate to contact me.  
Thank you.

Very truly yours,

ACMI CORPORATION

  
Kimberly A. Jarman

ACMI CORPORATION • Southborough Place • 136 Turnpike Road • Southborough, MA 01772 • USA • 508.804.2644  
Fax: 508.804.2624 • Email: [kjarman@acmicorp.com](mailto:kjarman@acmicorp.com)

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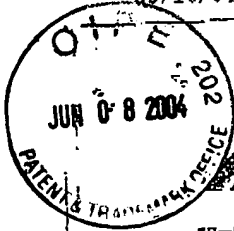
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**ACMI**

Kimberly A. Jarman  
Associate Corporate Counsel

Kevin Wood  
424 South A Street  
Lompoc, CA 93436

March 11, 2004

Re: PCT Application for  
FLUID DELIVERY SYSTEM FOR USE WITH A SURGICAL PUMPING UNIT

Dear Kevin;

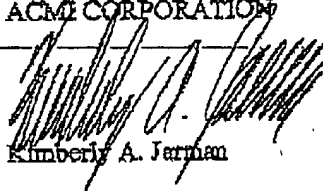
Enclosed please find a Declaration that must be completed and signed by each inventor as part of ACMI's application for the Fluid Delivery System for Use with a Surgical Pumping Unit.

Would you please sign, date and complete the appropriate address and citizenship boxes and mail the original to me, as soon as possible? I have enclosed a prepaid Fedex package for your convenience.

Thank you in advance for your cooperation.

Very truly yours,

ACMI CORPORATION

  
Kimberly A. Jarman

ACMI CORPORATION • Southborough Place • 136 Timpke Road • Southborough, MA 01772 • USA • 508.804.2644  
Fax: 508.804.2624 • Email: kjarman@acmicorp.com